

FILED APR 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 158890

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3319

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4255 Shreve Ave.		d. STREET ADDRESS (If rural, give location) 4255 Shreve Ave.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Rose	b. (Middle) Campbell	(Month) Day (Year) April 7 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 30 1872
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) St. Louis Mo.
		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Joseph Wobriel	13b. MOTHER'S MAIDEN NAME Mary Wobriel	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR ADDRESS Ida Mae Roach 4255 Shreve Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Spontaneous Cardiac Arrhythmia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Decomposition</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>443X</i>
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22. I hereby certify that I attended the deceased from Feb 1, 1951, to April 7, 1951, that I last saw the deceased alive on April 7, 1951, and that death occurred at 4:45P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dunkle Eck</i>	(Degree or title)	23b. ADDRESS 508 N. Grand Blvd.	23c. DATE SIGNED 4-9-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/10/51	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. APR 9 1951	REGISTRAR'S SIGNATURE <i>J. B. Carter</i>	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.	ADDRESS 2849 N. Euclid
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*made*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Dustan W. Dutilleul*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.